

Case Docket No. SKFCOND.013A

I hereby certify that this correspondence and all

marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner

March 24, 1999

(Pate)

Thomas R. Arno, Reg. No. 40,490

for Patents, Washington, D.C. 20231, on

Date: March 24, 1999

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

McCarty, et al.

Appl. No.

08/898,678

Filed

July 22, 1997

For

PORTABLE VIBRATION

MONITOR

Examiner

Unassigned

TRANSMITTAL LETTER

ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231

ATTENTION: APPLICATION BRANCH

Dear Sir:

TECHNOLOGY CENTER 2800

Enclosed for filing in the above-identified application are:

- A Supplemental Information Disclosure Statement. (X)
- (X) A PTO Form 1449 with four (4) references.
- (X) Copy of Form PCT/ISA/206 in 1 page.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or (X) credit any overpayment, to Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Return prepaid postcard.

Thomas R. Arno

Registration No. 40,490

Attorney of Record

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Case Docket No. SKFCOND.013A Date: June 30, 1999

I hereby certify that this correspondence and all marked attachments are being deposited with the

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June 30, 1999

(Date)

Thomas R. Arno, Reg. No. 40,490

Patents, Washington, D.C. 20231, on

Page 1

In re application of:

WASHINGTON, D.C. 20231

William A. McCarty, et al.

App. No.

08/898,678

Filed

July 22, 1997

For

PORTABLE VIBRATION

MONITOR

Examiner

Hien Vo

Art Unit

2857

ASSISTANT COMMISSIONER FOR PATENTS

REC

JULN 1 4 1999

Sir:

TECHNOLOGY CENTER 2800

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS FILED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	12	MINUS	24	= 0 ×	\$18	= \$0
Independent Claims	5	MINUS	7	= 0 ×	\$78	= \$0
If application has been amended to contain multiple dependent claim(s), then add \$260						= \$0
Time Extension Fee			-			\$0
TOTAL ADDITIONAL FOR THIS AMENDM						\$0

Enclosed are:

Return prepaid postcard. (X)

Case Docket No. SKFCOND.013A

Date: June 30, 1999

Page 2

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410. A duplicate copy of this sheet is enclosed.

Thomas R. Arno Registration No. 40,490 Attorney of Record

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